Questions and Answers for the Grant Year(s) 2017 - 2019 RFQ

1. What is the submission deadline for proposals?
   The deadline is October 21, 2016, 5 pm (PST) for all proposals to be received by the Office of HIV/AIDS.
2. What is needed for the required copy of respondent's most recent Annual Programmatic Report? Is that a report of our progress on the current Ryan White Part B grant or is that a report of all our outreach services?
   The Annual Programmatic Report is the summary report of all the Quality Assurance reports you normally submit on a quarterly basis. This report is specific to Ryan White Part B activities that service providers are funded to do on behalf of the state.
3. How do we provide "assurance that indicates our agency accepts the sample/standard contract language at Attachment E"? Does the authorized signature on the cover page suffice?
   The assurance list highlighted in Attachment E is to provide a preview of assurances that will become part of the language in the subgrant or contract documents. The authorized signature from the agency on the subgrant or contract will acknowledge that the assurances have been read, understood and will be followed during the contract period of the project.
4. Will the mandatory RFQ workshops be recorded?
   Yes, each workshop session will be recorder to ensure state staff have collected all the questions asked and answered, as well as to develop a Q and A list to be posted on the state website.
5. In the scope of work narrative, do we list specific HIV/AIDS activities that complement the HIV and Ryan White projects? Or, can we list non-related HIV/AIDS activities?
   Each agency will need to determine if a related/or non-related HIV/AIDS activity complements or enhances a funded Ryan White project. For example; if an agency receives substance abuse funds for youth counseling and treatment, does the agency link, refer or provide a comprehensive service to youth clients for HIV intervention, testing or care services.
6. What does it mean that grant funds are used to supplement not supplant funds for leveraging funds?
   If your agency receives funds such as Substance Abuse (SA) block grant for HIV testing, you cannot use or replace with Ryan White (RW) funds for HIV testing activities. This is supplanting, replacing SA funds with RW funds. You can supplement RW funds with providing linkage, risk reduction and referral activities - thus enhancing the agency's HIV testing activities. HRSA definition: Federal funds must supplement (add to, enhance, expand, increase, extend) the program and services offered with state and local funds. Federal funds should not supplant (take the place of, replace) the state and local funds used to offer those programs and services.
7. We plan to have staff working on the project that will not be directly funded by the grant, but would like to be able to charge the grant for their travel/training expenses.

If you plan to have staff support the project (behind the scenes), but do not provide direct services to clients, you cannot (direct) charge to the grant. Key words is "providing direct services to clients" in order to charge to the subgrant. However; these in-kind/behind the scene activities can be part of your 10% administrative costs and you could apply travel, training and other activities as long as it pertains to the project.

8. In regard to transportation:
    a. May funds be used to hire a driver?
    Funds cannot be used to hire a driver per the Medical Transportation Service Standards, page 38 of the HRSA Program Standards. Use of volunteer drivers must be used.
    b. May funds to be used to pay for bus fair or Uber for clients who live in the rural areas and do not have a car so they can get to their clinic appointments?
    If rural areas are part of your area of service, you may contract with transportation providers, establish a voucher or token system or establish a mileage reimbursement system that does not exceed the federal per-mile reimbursement rates.
    c. What is the criteria is for when you can reimburse a client for mileage is? Have been previously been told must be 30 miles away, but want to see if this has changed to accommodate clients who live closer than 30 miles.
    As of Jan. 1, 2016, per IRS, the standard mileage rates for the use of a car (also vans, pickups or panel trucks) are:
        - 54 cents per mile for business miles driven (staff)
        - 19 cents per mile driven for medical or moving purposes (clients)
        - 14 cents per mile driven in service of charitable organizations

    There is no set criteria of minimum or maximum mileage required for reimbursements, except that it has to be whole numbers. Ex: 2 miles, not 1.89 miles.
    d. Where can I find the federal regulations that addresses these questions?
    IRS 2016 Standard Mileage Rates for Business, Medical and Moving, IR-2015-137, Rev. Proc 2010-51, Notice 2016-01
9. Can a certified community health worker be funded under any of the following categories: health education and risk reduction, non-medical case management, justice involved transitional case management, or high acuity case management.
Community Health Workers (CHW) are most appropriate to serve as a bridge between communities and healthcare systems. CHW are trained for health education and risk reduction, informal counseling such as non-medical case management, outreach and enrollment, patient navigation and community organization. For justice involved case management, high acuity case management, treatment adherence requires appropriate staff (clinical physicians, nurses, social workers, specialty staff) with the necessary skill sets to provide comprehensive client testing, clinical screening and interventions; however, CHW's may work within the teams to assist with screening surveys and referrals.

10. Please provide more description on what the state is envisioning for the following projects of special focus: Nevada retention in care, justice involved transitional case management, high acuity case management.
    Nevada Retention in Care: The state provides a 45 day list to vendors outlining RW clients who have not picked up their medications and have not recertified with the program to have their eligibility in good status. Justice involved Transitional Case Management: To assist on site eligible inmates upon release to obtain access to other public and private programs for which they may be eligible such as Medicaid, Medicare, State Pharmacy Assistance, health insurance plans, and local healthcare and supportive services. High Acuity Case Management: Is a precursor to Medical Case Management by assessing the client's illness severity to determine the intensity of healthcare services required based on an acuity scale of indicators.
11. Clarification on submitting combined proposals versus separate proposals.
    Agencies are encouraged to address more than one service category to develop a coordinated continuum of care as stated in the RFQ Guide; however, each service category requires a separate proposal. The Technical Requirements on page 11 of the RFQ Guide outlines that the proposals are separate, not combined. If an agency is submitting more than one proposal, each proposal should be linked with each other to provide an overall comprehensive view of services to be rendered. Even though, a combined proposal would be ideal, the State is not ready to move forward on a combined subgrant as a required policy, template and direction must be in place from the Business Office. In addition, the Ryan White program must still meet HRSA's fiscal standards and ensure a Contract Review Certification of a consolidated list of contracts which requires separation of funds by service category. Subsequently, the State is able to develop multi-year subgrants.